

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	JF		2-12-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	3-19-01
FORMALITY REVIEW	[Signature]	TC 886	03-19-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

**BEST AVAILABLE COPY**

- |   |                                 |   |                    |
|---|---------------------------------|---|--------------------|
| ✓ | ..... Rejected                  | N | ..... Non-elected  |
| = | ..... Allowed                   | I | ..... Interference |
| - | (Through numeral)..... Canceled | A | ..... Appeal       |
| + | ..... Restricted                | O | ..... Objected     |

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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